

City of Garden City
Revenue
100 Central Avenue
Garden City, Georgia 31405
(912) 966-7777
www.gardencity-ga.gov

## **Change of Address for Occupation Tax Certificate**

Business Name & Contact Information			Account Number:			License Number:			
Business Nam					Business T	elephone			
Previous Location Address				Suite/ Unit	Cit	У	State	Zip Code	
							_		
Previous Mailing Address				Suite/ Unit	Cit	y	State	Zip Code	
New Address & Contact Information (Provide Signed Lease With Change of Address Form)									
Business Telephone Industry Description – brief description of primary business activity									
1									
Location Addre	ess			Suite/ Unit	City	1	State	Zip Code	
				Offic					
Mailing Address				Suite/ Unit	City	1	State	Zip Code	
				J					
By signing below, I hereby certify, under penalty of perjury, that statements made herein are to the best of my									
knowledge true and correct.									
Signature of Applicant Print N		ame of Applicant Title			Date				
STAFF USF:	REVENI IE-	Initials:	Amount Due: Amount Paid:						
OTALL COL.	ILL V LINOL.			eipt #:					
	ZONING:								
	Date Approved:								